

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the members and eligible dependents of

Allegheny County Schools
 Health Insurance Consortium



For information prior to enrolling visit Davis Vision's Website at: www.davisvision.com, or call 1-877-923-2847 (toll free) and enter client control code 4230.

Once enrolled, please visit Davis Vision's website: www.davisvision.com, or call 1-800-999-5431 with questions

Allegheny County Schools Health Insurance Consortium is very pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by your school district.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
 - Identify yourself as a Davis Vision plan participant and Allegheny County Schools Health Insurance Consortium member or eligible dependent.
 - Provide the office with the member's ID number and the name and date of birth of any covered dependent needing services.
- It's that easy! The provider's office will verify your eligibility for services, and no claim forms are required!

Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature, or call **1-800-999-5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

What about retail locations?

In order to provide our members with the greatest amount of flexibility and convenience, Davis Vision makes available a number of retail establishments to our provider network. Benefits at retail locations may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

What are the plan benefits, frequencies and costs?***

EYE EXAMINATIONS Every 24 months, every 12 months for dependents under age 19, including dilation as professionally indicated.
In-Network Copayment None.
Out-of-Network Reimbursed up to \$40.00

EYEGLASSES
 Frames Every 24 months
 Spectacle Lenses Every 24 months, every 12 months for dependents under age 19.
In-Network Copayment None.
 You may choose from the Fashion selection of frames from "The Collection" in most network provider offices. A \$100.00 credit will be applied toward a network provider's own frame. Employees who seek services through a participating retail location will be given a \$100.00 allowance toward the purchase of a frame. If you choose a frame with a price that exceeds the credit or allowance, you will be responsible for any balance. For more information on lenses, please see "What lenses/coatings are included?".
Out-of-Network Reimbursed up to \$64.00 for frames, up to \$30.00 for single vision lenses, up to \$40.00 for bifocals, up to \$60.00 for trifocals, up to \$80.00 for lenticular (post-cataract) lenses, or up to \$130.00 for progressive addition lenses.

CONTACT LENSES Every 24 months, every 12 months for dependents under age 19.
In-Network Standard soft daily-wear contact lenses may be selected in lieu of eyeglasses. Contact lens fitting and evaluation will be covered in full. A \$80.00 credit will be applied toward disposable or a \$110.00 for specialty and non disposable contact lenses. Members who seek services through a participating retail location will also receive an allowance of \$80.00 for disposable or \$110.00 for specialty and non-disposable contact lenses to be applied toward the cost of contact lenses from the retail location's supply. Medically necessary contact lenses will be covered in full at all provider locations with prior approval.
Out-of-Network Reimbursed up to \$80.00 for elective contact lenses, or up to \$225.00 for medically necessary contact lenses with prior approval.

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Post-cataract lenses.
- Oversize lenses.
- Standard progressive addition lenses.+
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Are there any optional frames, lens types or coatings available?

Yes, you can pay** the low, discounted fixed fees indicated and receive these exciting optional items:

- \$20.00 for Designer frames from "The Collection".
- \$40.00 for Premier frames from "The Collection".
- \$15.00 for glass grey #3 prescription lenses.
- \$15.00 for fashion, sun or gradient tinted plastic lenses.
- \$20.00 for scratch-resistant coating.
- \$15.00 for ultraviolet coating.
- \$40.00 for standard ARC (anti-reflective coating). Premium ARC is \$55.00.
- \$40.00 for premium progressive addition lenses.+
- \$30.00 for intermediate vision lenses.
- \$20.00 for blended segment lenses.
- \$35.00 for polycarbonate lenses (for adults).
- \$60.00 for high-index (thinner and lighter) lenses.
- \$75.00 for polarized lenses.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$70.00 for plastic photosensitive lenses.

+ Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment, is not refundable.

When will I receive my eyewear?

Your eyewear will be delivered to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or a participating provider's frame is selected.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110**

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit Davis Vision's website at www.davisvision.com or call 1-800-999-5431.

More special features:



- Free membership and access to a mail order replacement contact lens service, Lens 123, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Learn about the Davis Vision company.
- Find participating providers and where to access "The Collection" (which can also be viewed on-line).
- Verify eligibility for yourself or your dependents.
- Print an enrollment confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time,

- Saturday, 9:00 AM to 4:00 PM Eastern Time, and;
- Sunday, 12:00 PM to 4:00 PM Eastern Time..

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling **1-800-523-2847**.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of *Your Rights and Responsibilities As a Patient*, please visit Davis Vision's website at: www.davisvision.com or call 1-800-999-5431.
